

Please amend the specification as follows:

end of three months patients were administered Mycobacterium w containing pharmaceutical compositions (as provided in Example 1A of this invention). It was administered as a dosage of 0.1 ml ~~through nebuliser~~; the dosage was administered at the interval of one per week. Though these compositions are not known to have anti-inflammatory or broncho-dilator activity their administration resulted in further improvement in lung function as determined by FEV<sub>1</sub> and PEFR values. This improvement was in the range of 15 to 20% over and above the maximum values already achieved by conventional therapy.

The improvement in lung function was associated with subjective feeling of well being and improvement in quality of life. It also improved their performance scale. It also resulted in improvement in amount of physical exertion they can do without getting breathless.

Thus Mycobacterium w is useful in improving lung function , quality of life and performance.

**Example 7. The effect of pharmaceutical compositions and methods of use.**

In a group of patients having obstructive lung disease (chronic obstructive pulmonary disease, chronic bronchitis ) and who were controlled by conventional therapy were observed for a period of three months and then a dosage of 0.1 ml of Mycobacterium w containing compositions (as provided in Example 1A and 1D of this invention) were added to the therapy and observed for another three months. ~~The dosage was administered either through intra-dermal or inhalation route at a frequency of one dosage every fortnight.~~ Average requirement of antibiotics used to treat infections and associated exacerbation of disease in the initial three months was 3.71. In the next three months when Mycobacterium w was coadministered the requirement came down to 2 from 3.71. None of them needed any antibiotic in last month of combined therapy.

Thus Mycobacterium w is useful in reducing requirement of antibiotics.

**Example 8. The effect of pharmaceutical compositions and methods of use.**

In a group of patients having obstructive lung disease (bronchial asthma, chronic bronchitis) and who were controlled by conventional therapy but still requiring hospitalization from time to time for management of acute exacerbations were observed for a period of three months and then a dosage

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